THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-05-1135-01

MDR Tracking Number: M5-04-1563-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on September 8, 2004. Per Rule 133.307(d)(1) dates of service 09/05/01 and 10/17/01 are outside the 365-day time frame and not within the jurisdiction of MDR.

This dispute was original docketed as M5-04-0092-01. Due to a clerical error the new docket number is M5-04-1563-01 as reflected on the first page.

The IRO reviewed therapeutic activities, PT exercise, ultrasound, electric stimulation, hot/cold packs, joint mobilization, office visits, physical therapy, physical medicine procedure myofasical release and neuromuscular re-education for dates of service 02/05/03 through 02/25/03 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor $460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The therapeutic activities, PT exercise, ultrasound, electric stimulation, hot/cold packs, joint mobilization, office visits, physical therapy, physical medicine procedure myofasical release and neuromuscular re-education for dates of service 02/05/03 through 02/25/03 **were** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for therapeutic activities, PT exercise, ultrasound, electric stimulation, hot/cold packs, joint mobilization, office visits, physical therapy, physical medicine procedure myofasical release and neuromuscular re-education.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 6, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 97010 for date of service 10/25/02 denied as “T”. Per TWCC Advisory 2002-11 the payment exception code “T” is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. Therefore, reimbursement in the amount of $11.00 is recommended.

- CPT Code 97110 (2 units) for date of service 09/27/02 denied as “F”. The insurance carrier paid for one unit. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

- CPT Code 97265 for date of service 10/02/02. denied for “F”, “T” and an EOB was not submitted was submitted for date of service 10/02/04. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with the 1996 Medical Fee Guideline. Per TWCC Advisory 2002-11 the payment exception code “T” is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) reimbursement in the amount of $43.00 is recommended.

- CPT Code 97530 (3 units total) for dates of service 10/02/02 and 10/16/02 . denied for “F”, “T” and an EOB was not submitted was submitted for date of service 10/02/04. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with the 1996 Medical Fee Guideline. Per TWCC Advisory 2002-11 the payment exception code “T” is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) reimbursement in the amount of $105.00 ($35.00 x 3) is recommended.

- CPT Code 97110 (1 unit) for date of service 10/02/02. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with TWCC Rules. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

- CPT Cpde 97035 for date of service 10/02/02. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with the 1996 Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) reimbursement in the amount of $35.00 is recommended.

- CPT Code 97014 (10 total) for dates of service 09/06/02 through 10/21/02 denied for "F", "T" and an EOB was not submitted was submitted for date of service 10/02/04. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with the 1996 Medical Fee Guideline. Per TWCC Advisory 2002-11 the payment exception code "T" is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) reimbursement in the amount of $150.00 (15.00 x 10) is recommended.

- CPT Code 97010 (18 total) for dates of service 09/06/02 through 10/21/02 denied for "F", "T" and an EOB was not submitted for date of service 10/02/04. Neither party submitted EOBs; therefore, this code will be reviewed in accordance with the 1996 Medical Fee Guideline. Per TWCC Advisory 2002-11 the payment exception code "T" is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) reimbursement in the amount of $198.00 (11.00 x 18) is recommended.

- CPT Code 97039-FT for date of service 10/16/02 denied as "F" & "T". Per TWCC Advisory 2002-11 the payment exception code "T" is no longer valid and cannot be used to reduce or deny payment for dates of service on or after January 1, 2002. CPT Code 97039-FT is a DOP code per Rule 133.1(a)(8) requestor did not submit convincing evidence that the amount billed was their usual amount billed. Reimbursement is not recommended.

This Decision is hereby issued this 9th day of November 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;

- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 10/2/02 through 02/25/03 as outlined above in this dispute.
The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mf

Enclosure: IRO Decision

November 7, 2003

Amended Decision
Adding Dates of Service to Disputed Services

Re: Medical Dispute Resolution
MDR #: M5-04-0092-01
New MDR #: M5-05-1135-01
TWCC#:
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Orthopedic Surgery.

Clinical History:
On ___ this 47-year-old lady injured her shoulder while working. She had a diagnosis of adhesive capsulitis of the shoulder. The record indicates that she finally underwent surgical arthroscopy of the shoulder on 01/14/03. This usually involves removing adhesions and freeing adhesions arthroscopically, along with some attempts to do a gentle manipulation under anesthesia. At any rate, she had this procedure done, and after the surgery was done, physical therapy was ordered to attempt to regain motion in the shoulder. She was allowed to have three weeks of healing before the physical therapy began, and it was to begin on 02/05/03. She received passive modalities initially, and these were followed by an active exercise program for which she received instructions, and received physical therapy through 02/28/03.

Disputed Services:
Therapeutic activities, PT exercise Ultrasound, electric stimulation, hot or cold packs therapy, joint mobilization, office outpatient, physical therapy, physical medicine procedure, myofascial release, neuromuscular re-education. Dates of Service in dispute – 02/05/03 through 02/28/03.

Decision:
The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary in this case.

Rationale:
When a patient has adhesive capsulitis of the shoulder and has gone through longstanding conservative treatment with continued limitation of motion that eventually requires a surgical arthroscopy, it is usual that physical therapy should be started fairly soon after the procedure. If it is not started fairly soon after the procedure, the patient does not gain any grounds from the lysis of adhesions or the manipulation of the shoulder under anesthesia. Therefore, the treatment in question was medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,